



**Trust Management Service Group Corp.**  
**Community Associations**  
**Condo Conversions**  
**Commercial and Residential Properties**

8051 WEST 24<sup>TH</sup> AVE SUITE # 10 HIALEAH FL 33016 PHONE: 305-827-7666

**RENTAL APPLICATION**

**APPLICATIONS GENERALLY:** The following applies to any real estate transaction involving the sale or transfer to any condominium or homeowners' association unit.

**PLEASE READ CAREFULLY AS THE SCREENING APPLICATION WILL NOT BE PROCESSED UNLESS THE FOLLOWING ITEMS ARE ATTACHED:**

- **NON-REFUNDABLE APPLICATION FEE \$150.00 "HUSBAND & WIFE" ANY OTHER ADULT MUST PAY AN ADDITIONAL \$50.00 (EACH) PAYABLE TO: TRUST MANAGEMENT SERVICES. THAT NONE OF THE FEES ARE REFUNDABLE AFTER PRESENTING APPLICATION\*\***
- **THE ASSOCIATION REQUIRED A TRANSFER FEE FOR \$100.00 PAYABLE TO THE CONDOMINIUM**
- **A COPY OF THE PURCHASE CONTRACT**
- **COPY OF DRIVER LICENSE FOR EACH PERSON OVER THE AGE OF 18.**
- **EMPLOYMENT LETTER FOR EACH PERSON OR A COPY OF THE TWO MOST RECENT PAY STUBS.**
- **TWO REFERENCE LETTERS FOR EACH PERSON OVER THE AGE OF 18.**
- **THE ASSOCIATION REQUIRED A UNIFORM LEASE TO BE UTILIZED FOR THE TRANSFER OF PROPERTY**

**NOTE\*\* Applications will be received Monday -Friday from 9:00am to 1:00pm**

It is the OWNERS responsibility to provide you a copy of the Rules and Regulations of Condominium and gate control, mailbox keys and The Declaration of Condominium encompasses all of the association's rules and regulations, as well as other important specifics regarding your community.

**\*APPLICANT:** This authorization form will be used to obtain and verify information with your employers, banks, and financial institutions and credit organizations; thus, a consensus signature is required.

**\*Suggested Approval Criteria: Approval** – No felony or misdemeanor convictions within 10 years of application, unless sealed or expunged, with full restoration of civil rights. Instances in which the applicant pled nolo contendere maybe treated as a conviction if the applicant was required to perform community services, pay restitution or court cost, or serve supervised probation, credit score of 650 or higher. All of the above but credit score of between 550 and 649 will be or not approval with conditions.

**AUTOMATIC DENIAL:** Felony or misdemeanor convictions, within 10 years of application unless sealed or expunged with full restoration of civil rights, required to register as a sex offender under Florida law. Credit score of less than 550.

**Trust Management Service Group Corp.** is a management company for the community association you are applying for. We receive and process all information with regards to the sale, transfer or lease of a unit. Once we receive the complete application (including payment and necessary documentation) we investigate the information you provided. We comprise the findings on a report, which is given to the Board of Directors along with your application package. If all requirements are met, the Board of Directors will sign a Certificate of Approval.

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11/01/2024

**INSTRUCTIONS FOR APPLICATIONS DROP OFF:**

1. Please review that all required documentation is complete prior to drop off.
2. Please check that you have all required payments complete.
3. Payments for deposits or transfers to the condominiums are only accepted by check or money-order, not cash.
4. If you are making the payment in cash (only for the process services, not payments to the condominiums) please wait to collect your receipt.
5. If the documents and payments are correct and complete, deposit the application in the assigned mailbox inside the office and you will be notified when the process is complete.
6. If the application is incorrect, you will be notified through the email you informed. The process will not begin until all the requirements are complete.
7. The time for the delivery of the applications will be from MONDAY-FRIDAY 9:00am – 1:00pm. If you deposit it in the mailbox after that time it will be registered the next business day.

If you have any questions, please email: [customerinfo@trustmgt.net](mailto:customerinfo@trustmgt.net)

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**INSTRUCCIONES PARA LA ENTREGA DE APLICACIONES**

1. Por favor revise que toda la documentación requerida este completa antes de la entrega.
2. Por favor revise que tenga todos los pagos requeridos completos.
3. Los pagos por depósitos o transferencia a los condominios solo se aceptan en cheques o money-order, No Efectivo.
4. Si Usted está realizando el pago en efectivo (solo por el servicio del proceso no el pago a los condominios) por favor espere a recoger su recibo.
5. Si los documentos y los pagos están correctos y completos, deposite la aplicación en el buzón asignado adentro de la oficina y se le avisara cuando el proceso este completo.
6. Si la aplicación esta incorrecta se le avisara a través del email que usted informo y el proceso no comenzara hasta que no esté completo todos los requisitos
7. El horario para la entrega de las aplicaciones será de LUNES-VIERNES 9:00am –1:00pm, si lo deposita en el buzón después de ese horario se registrará al próximo día laborable

Si tiene una pregunta envíe un correo electrónico: [customerinfo@trustmgt.net](mailto:customerinfo@trustmgt.net)



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**GENERAL APPLICATION FOR OCCUPANCY / LEASE**

ALL PROSPECTIVE RESIDENTS MUST COMPLETE AN APPLICATION AND BE APPROVED BY THE ASSOCIATION BEFORE MOVING INTO THE PROPERTY. ANY APPLICANTS WHO VIOLATE THIS AGREEMENT WILL BE IMMEDIATELY GROUNDS FOR DENIAL. LEGALLY MARRIED COUPLES PAY \$ 150.00 FOR BOTH, IF THE HUSBAND AND WIFE DOES NOT HAVE THE SAME LAST NAME, YOU MUST PROVIDE A COPY OF THE MARRIAGE CERTIFICATE, IF NOT WILL BE CONSIDERED 2 APPLICANTS. ONCE YOUR APPLICATION HAS BEEN SUBMITTED AND REVIEWED BY OUR TEAM, WE WILL EMAIL YOU WITH MORE INSTRUCTIONS INCLUDING PETS REGULATIONS AND ADDITIONAL FEES IF APPLY.

Date: \_\_\_\_\_

Community Name: \_\_\_\_\_ Property Address: \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security # \_\_\_\_\_

Spouse \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security # \_\_\_\_\_

[ ] single [ ] married [ ] significant other Phone and Email # \_\_\_\_\_ Tenants  
Phone # \_\_\_\_\_

No. of people who will live here \_\_\_\_\_ Adults (over 18) \_\_\_\_\_ Children (under 18) \_\_\_\_\_

Other Persons who will occupy the apartment with you

Name	Age	Relationship/Occupation
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1.	_____	_____
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2.	_____	_____
----	-------	-------

3.	_____	_____
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Driver's License #1 \_\_\_\_\_ Driver's License #2 \_\_\_\_\_ Driver's License #3 \_\_\_\_\_

No. of cars you will park at this address: \_\_\_\_\_ Are any of these commercial vehicles? [ ] Yes [ ] No

Make	Model	Year	Color	Plate #	State
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Make	Model	Year	Color	Plate #	State
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**IN CASE OF EMERGENCY, PERSON TO BE NOTIFIED:**

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**RESIDENTIAL HISTORY:**

**PRINT OR TYPE**

1 Present address \_\_\_\_\_ How long \_\_\_\_\_

Landlord/Lender Name \_\_\_\_\_ Phone # \_\_\_\_\_

2 Prior address #1 \_\_\_\_\_ How long \_\_\_\_\_

### EMPLOYMENT REFERENCES

1	Employed by (or retired from)	Phone #
	Address	
	Position	How long
		Monthly Income
2	Spouse's Employed or retired from)	Phone #
	Address	
	Position	How long
		Monthly Income

Have you or any proposed occupant ever been convicted of or pled to a crime? [ ] Yes [ ] No. If yes, please state date(s), charge(s),

Disposition(s) and location(s)

### CHARACTER REFERENCES

1	Name & Address	Telephone #
2	Name & Address	Telephone #

1. I hereby agree for myself and on behalf of all persons who may use the apartment that I seek to lease or purchase:
  - a. I will abide by all of the restrictions contained in the Bylaws, Declaration of Condominium Rules & Regulations, and restrictions that are or may in the future be imposed by THE ASSOCIATION
  - b. I understand that I must be present when any guests, relatives, visitors, contractors, or children who are not permanent residents occupy the apartment, perform work on the apartment, or use the recreational facilities of the Association.
  - c. I understand that leasing, subleasing, or occupancy of this apartment in my absence and without Association, approval is prohibited.
  - d. I understand that any violation of the terms, provisions, conditions, and covenants of THE ASSOCIATION documents provides cause for immediate action as therein provided or termination of the leasehold under appropriate circumstances.
2. I understand that the Association has 30 days from the receipt of a completed application to approve or deny the application. I understand that the Association's representative of either acceptance or denial of this application in writing will advise me. **Occupancy prior to Association approval is strictly prohibited.**
3. I understand that the acceptance of a sale or lease at **THE ASSOCIATION** is conditioned in part upon the truth and accuracy of this application and upon the Association of the Association. Any misrepresentation, falsification, or omission of information on these forms will result in the automatic disqualification of my application. All approvals or consents made by the association may be revoked, if necessary, at any time with 30 days' notice.
4. The rental application must be renewal and submitted to the association for approval each year (anniversary of the lease)
5. I understand that **THE ASSOCIATION** may cause to be instituted an investigation of my background as the Association may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management, and RENTERES REFERENCE OF FLORIDA, INC. to make such investigation and agree that the information contained in this application be by used in such investigation and that the Board of Directors, Officers and Management of **THE ASSOCIATION** itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Association

In making the forgoing application, I am aware that the decision of **THE ASSOCIATION** will be final and no reasons will be given for any action taken by the Association. I agree to be governed by the determination of the Association.

Applicant

Applicant

- INSTRUCTIONS:**
1. if applicants are not legally married, an application on each person must be completed.
  2. Print legibly or type all information. Account, telephone numbers, and complete addresses are required.
  3. If any question is not answered, this application may be returned, not processed, or not approved.
  4. Missing information will cause delays in processing your application.
  5. Only the applicants are authorized to sign all forms.
  6. Any misrepresentation or falsification of information may result in your disqualification

\*\*\*\*\*PLEASE READ RULES AND REGULATIONS FOR DETAILED INFORMATION  
ON THE PET RULES OF THE HOA AND/OR CONDOMINIUM\*\*\*\*\*

## **RESIDENTIAL SCREENING AUTHORIZATION**

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, AND ZIP: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

I give my full authorization to obtain my criminal history record and eviction record and to verify the above information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Disclosure and Authorization Agreement Regarding Consumer Reports**

#### Disclosure:

A consumer report and/or investigative report including information concerning your character, employment history, general reputation, criminal record, education, motor vehicle record, mode of living, may be obtained in connection with your application for and/or continued residence. A consumer report and / or an investigative consumer report may be obtained at any time during the application process or during your residence. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone of the reporting agency and a summary of your rights under the fair credit reporting act.

#### Authorization:

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish Background Checks System, Inc. with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

#### READ, ACKNOWLEDGE AND AUTHORIZED

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **RESIDENTIAL SCREENING AUTHORIZATION**

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, AND ZIP: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

I give my full authorization to obtain my criminal history record and eviction record and to verify the above information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### READ, ACKNOWLEDGE AND AUTHORIZED

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**718.116 Assessments; liability; lien and priority; interest; collection.**

11) If the unit is occupied by a tenant and the unit owner is delinquent in paying any monetary obligation due to the association, the association may make a written demand that the tenant pay the future monetary obligations related to the condominium unit to the association, and the tenant must make such payment. The demand is continuing in nature and, upon demand, the tenant must pay the monetary obligations to the association until the association releases the tenant or the tenant discontinues tenancy in the unit. The association must mail written notice to the unit owner of the association's demand that the tenant make payments to the association. The association shall, upon request, provide the tenant with written receipts for payments made. A tenant who acts in good faith in response to a written demand from an association is immune from any claim from the unit owner.

(a) If the tenant prepaid rent to the unit owner before receiving the demand from the association and provides written evidence of paying the rent to the association within 14 days after receiving the demand, the tenant shall receive credit for the prepaid rent for the applicable period and must make any subsequent rental payments to the association to be credited against the monetary obligations of the unit owner to the association.

(b) The tenant is not liable for increases in the amount of the monetary obligations due unless the tenant was notified in writing of the increase at least 10 days before the date the rent is due. The liability of the tenant may not exceed the amount due from the tenant to the tenant's landlord. The tenant's landlord shall provide the tenant a credit against rents due to the unit owner in the amount of monies paid to the association under this section.

(c) The association may issue notices under s. 83.56 and may sue for eviction under ss. 83.59-83.625 as if the association were a landlord under part II of chapter 83 if the tenant fails to pay a required payment to the association. However, the association is not otherwise considered a landlord under chapter 83 and specifically has no duties under s. 83.51.

\_\_\_\_\_  
Property Owner

Date: \_\_\_\_\_

\_\_\_\_\_  
Tenant

Date: \_\_\_\_\_

**OWNER CONTACT INFORMATION:**

OWNER(S) NAME:

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OWNER PROPERTY UNIT THAT WILL BE RENTED:

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OWNER MAILING ADDRESS:

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OWNER PHONE NUMBER(S):

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OWNER EMAIL ADDRESS:

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# GENERAL AFFIDAVIT

**Condominium Name:** \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF MIAMI- DADE

PERSONALLY, came and appeared before me, the undersigned Notary, the within

Named \_\_\_\_\_ who will be a Tenant of Property Located at

\_\_\_\_\_ Miami Dade County, State of Florida, and makes this his/her statement and General Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge:

**With this document I certify that in the above unit will be only have two (2) vehicles, failure to comply will result being towed at owner's expense. The association will not be responsible for any damage.**

**I acknowledge and confirm that committing a violation of the condominium's regulations and regulations may result in me having to leave the property within 30 days of written notice or the non-renewal of the rental contract at the expiration time**

This represents my full and complete statement of the events of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of Affiant                      Signature of Affiant

THE FOREGOING INSTRUMENT WAS SWORN TO AND THEN ACKNOWLEDGED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_, BY THE ABOVE-NAMED INDIVIDUAL, A PERSON TO ME WHO IS \_\_\_\_\_ WELL KNOWN \_\_\_\_\_ PROVIDED \_\_\_\_\_ AS IDENTIFICATION.

Notary Signature

Date